

## ACC-i2 with TCT

### DOES THE TRUE BIFURCATION LESION REALLY INFLUENCE ON THE ACUTE RESULT OF BIFURCATION INTERVENTION?

i2 Poster Contributions  
McCormick Place South, Hall A  
Saturday, March 24, 2012, 9:30 a.m.-Noon

Session Title: PCI in Complex Lesions  
Abstract Category: 8. PCI - Bifurcations  
Presentation Number: 2524-331

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**Background:** We sought to investigate the lesion morphology using intravascular ultrasound (IVUS) and compare the acute result of the intervention between true (TB) and non-true bifurcation (NTB) lesions.

**Methods:** We retrospectively investigated 76 consecutive patients who undertook provisional stenting under the IVUS guidance in the bifurcation lesion between left anterior descending and diagonal arteries. They were divided into two groups, TB (n=52) and NTB (n=24), and compared in the distribution of plaque and calcification in the section according to Tamburino classification.

**Results:** There was no significant difference in the clinical background between the groups except for severe SB stenosis in the group TB ( $80 \pm 18$  vs.  $30 \pm 23\%$ ,  $p < 0.0001$ ). In the IVUS examination, there was more frequent plaque existence in the carinal area (composite of sections 10, 11, and 12,  $p < 0.0001$ ) in the group TB. More existence of calcification in the lateral side of MV (composite of sections 1 - 6,  $p = 0.006$ ) and more prevalence of diffuse plaque distribution were also observed. The SB predilation (31% vs. 13%,  $p = 0.09$ ) and additional SB stenting (17% vs. 0%,  $p = 0.03$ ) were performed more frequently in the group TB, whereas the SB narrowing after the MV stenting was less common (12% vs. 58%,  $p = 0.0001$ ) and no difference was observed in the SB occlusion.

**Conclusion:** Although the TB lesion with more plaque in the carinal and MV lateral areas requires more complex procedure, the favorable acute result is obtained as well as in the NTB lesion.

